



**Mersey Care**  
NHS Foundation Trust

Community and Mental Health Services

# Arnold Ward

# Sexual Safety Collaborative

**Jason Shaw Ward Nurse Manager**  
**Arnold Ward**

# Ward & Service Overview

- Arnold Ward is a 12 bed ward within Merseycare NHS Foundation Trust (MCFT).
- Ashworth Hospital is part of a wider secure division within MCFT. The wider secure division provides Inpatient hospital care over 3 security tiers, high – medium and low secure, for patients with mental health and Learning disabilities needs.
- Ashworth is one of only 3 Hospitals in the country providing services for patients who require treatment and care in conditions of high security .
- Arnold is one of only two wards in Ashworth identified as specialising in personality disorder admission, assessment and treatment.
- Admission pathway can include, community, hospital or HMP.

# What changes have we made

- Governance – SSC Presentation to Senior Leadership Team.  
Change ideas
- Post card Box
- Improve system reporting of SS Incidents via our reporting system pacis.
- Developing a safe space to raise concerns.
- Embedding the safety cross
- Analysis of SS data in quality improvement meeting.

## Arnold Ward - Sexual Safety Collaborative

Everyone can view

General Driver diagram Measures & charts Pdsas Discuss

Actions



9

Measures

6

Ramps

9

Charts

6

Cycles

Change score



Project team

Driver diagram

Measures

Pdsas



1

Everyone has the right to feel safe from sexual harm. On this ward, we do not want you to feel uncomfortable, frightened or intimidated in a sexual way by service users or staff. We will work to promote everyone's sexual safety. Everyone should behave in a way that meets the following standards.

### Expected standards of behaviour on Arnold Ward

- 1 I respect myself
- 2 I treat others with respect and dignity
- 3 I do not try to talk to someone else into engaging in sexual activity or harass another person sexually
- 4 I try to be aware of how my behaviour makes others feel, and will change my behaviour if someone tells me it makes them uncomfortable, or I will ask for help with this if I need to
- 5 I respect the rights of others to space and privacy to fulfil their sexual needs through masturbation
- 6 I understand that fulfilling my own sexual needs through masturbation must be conducted privately and discreetly

# What has worked and what hasn't

## Positives

- Post Box – has worked well on the ward to safely store post cards.
- Developing a safe space.
- Analysis of SS Incidents.

## Work Ongoing

- Improve system reporting (Pacis & Datix)
- Embedding a safety Cross

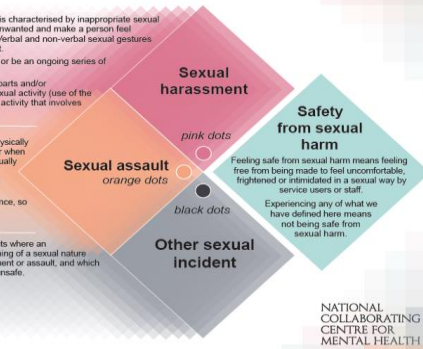
### Operational definitions



**Sexual harassment** includes any behaviour that is characterised by inappropriate sexual remarks, gestures or physical advances which are unwanted and make a person feel uncomfortable, intimidated or degrade their dignity. Verbal and non-verbal sexual gestures or behaviours are categorised as sexual harassment. These unwanted behaviours may only happen once or be an ongoing series of events. Sexual harassment also includes exposure to body parts and/or self-stimulation and exposure to unwanted online sexual activity (use of the internet, text, audio, video, and graphic files, for any activity that involves human sexuality).

**Sexual assault** is when a person is coerced or physically forced to engage in sexual activity against their will, or when a person (of any gender) touches another person sexually without their consent. Touching can be done with any part of the body or with an object – definition adapted from The Crown Prosecution Service. Sexual assault does not always involve physical violence, so physical injuries or visible marks may not be seen.

The **other sexual incident** category is for incidents where an individual may have witnessed or experienced something of a sexual nature that does not fit in to the categories of sexual harassment or assault, and which made the person feel uncomfortable and/or sexually unsafe.



Feeling safe from sexual harm means feeling free from being made to feel uncomfortable, frightened, or intimidated in a sexual way by service users or staff. Your answers to these questions are anonymous.



Please tick:  Service user  Staff

In the past two weeks, have you felt safe from sexual harm on the ward?

**Yes / No**

Please circle your answer

If you did not feel safe from sexual harm at any point, would you feel able to speak to someone about it?

**Yes / No**

Please circle your answer

If you would like to speak with someone independent about your sexual safety on the ward, please see the contact details on the ward sexual safety charter.



## **Our Challenges**

- Stigma and ideology
- Changing patient population.
- Considerations around trauma, history and recovery.

### **How has the team overcame this**

- Focus on ward charter.
- Regular bi-monthly patient Engagement.
- Identifying ownership a patient link and providing additional responsibilities.
- Utilising current systems we already have in place

## Experiencing a sexual safety Incident

- Impact consequence and perception
- Victim support (Consideration to working environment change, staff support services and occupational health).
- Incident reporting and escalation (Pacis, safeguarding, Police referral)
- Incident analysis (Datix)
- Reviewing risk formulation. (Supporting behavioural changes)
- Training for staff working with patients with personality disorder
- Boundary training.